

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # N00000001867		
1. Entity Name MICCOSUKEE COMMONS OFFICES CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 1815 MICCOSUKEE COMMONS DRIVE 104 TALLAHASSEE, FL 32308	Mailing Address P.O. BOX 14019 TALLAHASSEE, FL 32317	



02252008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3679398	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DAUGHTRY, TAMMY
C/O COMMUNIT PROPERTY MANAGEMENT INC
SUITE 104
TALLAHASSEE, FL 32308

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000904327
05/01/08-800008-012 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GLOVER, RICHARD 1815 MICCOSUKEE COMMONS DRIVE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLACK, JOHN 1815 MICCOSUSEKEE COMMONS DR TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARSON, HARRY 1815 MICCUSOKEE COMMONS DRIVE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-16-08 888 385-9267